



Year-Round Office:
 1121 Main St. Lancaster, MA 01523
 Phone: 978-368-6580 • Fax: 978-368-6578
 www.campstarfish.org
 email: info@campstarfish.org

FIRST TIME CAMPER APPLICATION INITIAL ENROLLMENT FORM (A)

to be completed by a parent/guardian

Camper Information

First Name: _____ Last Name: _____ Nickname: _____

Gender: Male Female Date of Birth: _____ Age During Summer: _____ Current Grade in School: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Family Information

Parent/Guardian 1 (Lives in Camper Home) First Name: _____ Last Name: _____

Relationship to Camper: Biological Mother Biological Father Foster Parent Adoptive Parent
 Step-Parent Legal Guardian Relative: _____

Email: _____ Cell: _____ Home: _____ Work: _____

We require at least one parent/guardian email address to which we can send important information and updates.

Parent/Guardian 2 First Name: _____ Last Name: _____ Lives w/ Camper? Y N

If No, Give Address: _____ City: _____ State: ___ Zip: _____

Relationship to Camper: Biological Mother Biological Father Foster Parent Adoptive Parent
 Step-Parent Legal Guardian Relative: _____

Email: _____ Cell: _____ Home: _____ Work: _____

Please tell us how best to keep you informed. Who...

- ...should receive forms/paperwork: Parent/Guardian 1 Parent/Guardian 2 Both
- ...should receive invoices/billing inquiries: Parent/Guardian 1 Parent/Guardian 2 Both
- ...should receive camper progress updates: Parent/Guardian 1 Parent/Guardian 2 Both
- ...has legal custody of the camper? Parent/Guardian 1 Parent/Guardian 2 Both

Agency Involvement

Please let us know if your camper/family are involved with or currently receiving services from any agencies. We have listed the Massachusetts titles; please check the closest match or write in titles if you are outside of MA. Check all that apply.

- Department of Mental Health Department of Child & Family Services Other: _____
- MassHealth / State Medicaid Department of Developmental Services Other: _____

Emergency Contact Information

Please indicate two people other than a parent/guardian who we may contact regarding your child should we not be able to reach the parent/guardian. In the unlikely event of an emergency or should your child need to be picked up from camp, the persons listed here would be able to do so. Do not leave this section blank.

1. First & Last Name: _____ Relationship to Camper: _____

City/State: _____ Cell #: _____ Home #: _____ Work #: _____

2. First & Last Name: _____ Relationship to Camper: _____

City/State: _____ Cell #: _____ Home #: _____ Work #: _____

Session Preference

Please indicate which program(s) and session(s) you would like your camper to attend. When this signed form and a deposit are received, a space will be held for your camper while the application process is completed. If no space is available in your selected session/program, we will contact you for second choices and waitlist details.

Session	Dates	Overnight Camp <i>boys & girls</i> 14 & 19 Day: ages 7-13 5 Day: 1 st timers 6-11	SuperBunk <i>boys w/Autism,</i> ages 7-16	Older Camper <i>teens,</i> ages 14-16	I.e.a.d.e.r.s. <i>teens,</i> ages 14-16	Beachcombers <i>Lite/5 Day: ages 12-16</i> <i>Full/9 Day: teens 14-16</i>	S.T.A.R. Corps <i>prior I.e.a.d.e.r.s</i> <i>ages 16+</i>
1	14 Days: June 24 – July 7* <small>*See column for Beachcombers dates</small>	<input type="checkbox"/> 14 days / \$3,850	<input type="checkbox"/> 14 days / \$3,850	<input type="checkbox"/> 14 days / \$3,850	<input type="checkbox"/> 14 days / \$3,850	<input type="checkbox"/> Lite - \$1,375 (6/24-6/28) <input type="checkbox"/> Full - \$2,500 (6/29-7/7)	
2	14 Days: July 15- July 28 19 Days: July 10 – July 28	<input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000	<input type="checkbox"/> 14 days / \$3,850	<input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000	<input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000		
3	5 Days: July 31 – Aug 4 14 Days: Aug 5 – Aug 18 19 Days: July 31 – Aug 18	<input type="checkbox"/> 5 days / \$1,375 <input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000		<input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000	<input type="checkbox"/> 14 days / \$3,850 <input type="checkbox"/> 19 days / \$5,000		<input type="checkbox"/> 19 days / \$2,500

Parent/Guardian Signatures are Required on the Back of this Form

Authorization for Release of Information

This section gives Camp Starfish permission to communicate with other providers of services to your child throughout the application process and beyond. Additionally, it allows us to share information about your camper with these professionals, including end-of-summer reports. Please fill in requested details and add your signature.

I, _____, parent/guardian of _____, hereby give my permission for agencies, schools, clinics, doctors, prescribers, etc., (including but not limited to those listed below), to release any/all information for my child named above to Camp Starfish, and likewise for Starfish to release camp information to them, as may be necessary to best plan for my child's camp experience. These permissions will remain in effect until they are specifically revoked by me, in writing. This information may include records of medical, educational, psychological, social history, speech and hearing, physical/occupational evaluations and/or therapy records, as well as the following records which I specify here: _____.

(listing additional items here is optional)

To facilitate this exchange of information, please provide us with names/contact details for the following individuals:

Role:	Contact Name:	Telephone:	Town/State:
School Counselor/Worker			
Teacher			
Medical Doctor			
Mental Health Practitioner			
Agency Worker:			
Other:			
Other:			

✓ Parent/Guardian Signature: _____ Date: _____

Permissions & Agreements

Session Agreement

Campers agree to follow camp policies and procedures and to put forth their best effort towards participating as a member of the Camp Starfish community. Starfish utilizes parent/guardian support as appropriate when working through emotional/behavioral challenges with campers, however the Camp Director or his/her designee reserves the right to terminate a child's stay at camp if his/her safety, or the safety of other campers and staff can not be ensured, or his/her behavior has become disruptive to the point of precluding other members of the community from a successful summer experience. If a camper is dismissed from camp, the parent/guardian will be responsible for coming to the camp and picking up the child, or arranging transportation to an appropriate therapeutic location as soon as is reasonable, exceeding no more than 5 hours from the time the Director informs the parent/guardian of termination from the program. Dismissal will not result in a refund. Permission is given for photographs, videos, audio, digital imagery, artwork, etc. of camper to be used on camp (i.e. in cabin photos and projects) and for future materials (i.e. newsletters) originating from the camp.

Fees & Payments

A \$50 deposit per session is due with this Initial Enrollment Form. This deposit covers administrative costs incurred by Starfish in the registration process and is non-refundable, with only two exceptions: (1) if for documented, significant behavioral/therapeutic reasons it becomes impossible for your child to attend the enrolled session, and/or (2) in the event that Camp Starfish is not able to enroll your camper. Once a child's attendance is mutually confirmed by both Camp Starfish and the parent/guardian, it will be considered a cancellation if the child withdraws/does not attend. The deposit is applied towards the program fee, and the remaining balance of fees are due as follows:

- 25% on March 1 (cancellation after this point: \$100 fee)
- 50% on May 1 (cancellation after this point: \$250 fee)
- 25% on June 1 (cancellation after this point: \$500 fee)

Contact Information/Camper Updates

Parents/guardians must notify the year-round office of any changes in contact information (address, home or work number, etc.) between the time of the application and the end of camper attendance. Unless otherwise arranged ahead of time with the Director, a parent/guardian or designated emergency contact with permission to act on behalf of the parent/guardian must be available during the child's entire stay at camp. The completion of additional forms is required prior to attendance, including but not limited to: a camp life questionnaire, health forms and medical documentation. Between the time of acceptance into the program and attendance, parents/guardians agree to update the camp about significant therapeutic/life events (i.e. hospitalizations, new diagnoses, major changes in behavioral patterns, etc.) so they can be factored into decisions about bunking, program choice, staffing and other aspects of camp life.

Health & Medical Care

All medications must be prepackaged before being sent to camp. Permission is given to Camp Starfish Staff to administer medications as indicated on health paperwork provided to the camp, and to provide routine medical care. In the event that a parent/guardian cannot be contacted immediately in a medical emergency, permission is given to the physician selected by the Camp Director, or someone acting on his/her behalf, to order x-rays, tests, and treatments determined to be in the best interests of the camper. Reasonable efforts will be made to contact parents/guardians before treatment is obtained and notification will be provided of any treatment as soon as possible thereafter. It is agreed that campers will not take a "medication holiday" during their attendance at Camp Starfish – all medications as routinely taken at home must be taken for the duration of camp stay unless otherwise agreed upon prior to attendance by camp health staff in consultation with the parent/guardian and the camper's medical professional. The camp must be notified of any major changes to medications within 4 weeks of a camper's start date.

Documentation of Policies/Procedures

Parents/guardians may request copies of Camp Starfish's staff selection, background check, camper discipline and health care policies. Camp Starfish is licensed by the State of New Hampshire and follows all regulations governing summer camps for children.

Release & Permission to Participate

I give permission for my child to attend Camp Starfish and participate in all activities and programs, which may include activities off the camp premises and programs supervised by licensed providers of recreational activities as well as participation in year-round events, programs and activities. Camp Starfish will observe all reasonable precautions for the care and protection of my child, and I understand that accidents and injuries may occur in the natural course of participation in such activities. By signing this application, I hereby release and hold harmless the Camp, its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at Camp Starfish and/or his/her participation in any activities while in attendance.

✓ Parent/Guardian Signature: _____ Date: _____